

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 10 2011

Secretary of State
Capitol Office

Name of Candidate Billy R. NicholsonAddress 6428 Hwy 494 Little Rock Miss. 39337Telephone 601-774-5220 Fax _____

Contact Name _____ Email _____

Office Sought House of Representative Dist. 78 Political Party Republican
☐ Check here if above is different from previous report
TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2300.00 + \$200.00	\$ 2500.00	\$ 2500.00
Total amount of disbursements	\$630.00 + \$5478.69	\$ 6108.69	\$ 6108.69
Total amount of cash on hand		\$5338.78	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy R. Nicholson
Signature of Candidate

1-10-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-369-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Billy R. NicholsonReporting period JANUARY 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>State Farm Insurance</u>		<u>7/29/2010</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2663</u>		<u>12/21/2010</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Tuscaloosa, ALABAMA 35403</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>		<u>8/21/2010</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Rideland Rd. Ste C</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Jackson, Miss. 39216</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Government Employees Credit Center, INC.</u>		<u>10/22/2010</u>	\$ <u>250.00</u>
Mailing Address <u>750 Shipyard Dr. Ste 200</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Wilmington DE 19801</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss. Assn. for Home Care</u>		<u>12/04/2010</u>	\$ <u>300.00</u>
Mailing Address <u>134 FAIRMONT ST. Ste B</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Clinton, Miss. 39056</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Billy R. NicholsonReporting period JANUARY 1, 2010 through DECEMBER 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/23/2010</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Phoenix AZ 85082</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Billy R. NicholsonReporting period JANUARY 1, 2010through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Newton County Appeal</u>	<u>1-08-2010</u>	\$ <u>242.00</u>
Mailing Address	<u>4/19/2010</u>	\$ <u>24.00</u>
<u>P.O. Box 2870</u>	<u>06-01-2010</u>	\$ <u>100.00</u>
City, State, Zip Code	<u>12/31/2010</u>	\$ <u>264.00</u>
<u>Union Miss. 39365</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>630.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$